2008 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

Mar 13, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #668895** 1. Entity Name 03-13-2008 90042 002 ***150 00 K.C. CHATANI, INC. Principal Place of Business Mailing Address 346 LINCOLN RD 346 LINCOLN RD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 Mailing Address 21857 03032008 CR2E034 (12/06) 4. FEI Number Applied For 59-2012574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHATANI, KISHU, C 346 LINCOLN ROAD MIAMI BEACH, FL 33139 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE X Delete TITLE ☐ Change ■ Addition CHATANI, KISHU C NAME STREET ADDRESS 346 LINCOLN RD STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition CHATANI, ANJALITA NAME STREET ADDRESS 346 LINCOLN RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME CHATANI, BHART NAME STREET ADDRESS 346 LINCOLN ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #